

**FEATURING BEST PRACTICES
OF STATE AGENCIES AND INSTITUTIONS OF THE
COMMONWEALTH OF VIRGINIA**

**Maternity and Infant Case Management
Baby Care Program**

**Virginia Department of Health
Chesapeake Health District
implemented this best practice
in January 1990**

*Qualifying under the
Best Practices catalogue*

3 Provide Capabilities
31 Manage resources and capabilities
312 Deliver products and services to customers

**Best Practice Summary
(how it works, how you measure it)**

Baby Care is a home visiting nurse directed case management program serving at risk maternity and pediatric clients from birth to age two. The Medicaid population is the client base for these services. Baby Care is a goal-oriented activity, and more specifically it is an outcome-oriented activity. Holistic services are tailored to meet individual client and family needs, focusing on family strengths rather than deficits. Baby Care includes client education, support and intervention on behalf of the client, with clients and families actively involved as partners in decision making.

Ongoing communication with other providers of services to the client occurs on a frequent basis. This is especially true regarding the nurse's relationship with medical providers. The medical provider is notified when care coordination is initiated, when the nurse has concerns about the client, when she needs to share vital information with the physician, and when the coordination services are ended and the reason for discharge.

Components of Baby Care case management are client identification and outreach, assessment, planning, implementation, monitoring, evaluation, and client advocacy.

Four registered nurses (3 full time and 1 part time) serve as Baby Care case managers, a homemaker/outreach worker performs homemaker services to maternity clients on bedrest, a secretary senior enters and tracks statistical data, and a nursing supervisor manages the program and performs quality assurance activities.

Impact on the Process Organizational Performance (OUTCOMES)

The impact of the case management activities can be felt on the Chesapeake community and the tracking of data on the manner in which the nurses render their services. Even though the nurses case manage the very high risk maternity client, they have been experiencing a 0% infant morality rate as compared to the City of Chesapeake's annual average rate of about 8% with a high of 10.3% in 1997. The low birth weight for the Baby Care clients has been consistently below the overall city rates from 1995 through 1997 (1998 vital data not yet available). During the last fiscal year, 96% of their infants received WIC benefits, 92% of their pediatric clients were up to date on their immunizations at time of closure, 89% of their babies were of normal birth weight and 90% were born full term.

Best Practice Qualification

Chesapeake's Baby Care Program is unique in many ways. As previously mentioned, outcome data is constantly tracked. Other data is also tracked, including important client and referral information. A Baby Care client list in spreadsheet form has been formatted and is maintained by the secretary senior. In addition to the client's name, this spreadsheet contains client identification number, date of birth, date case opened, the nurse case manager's name, insurance company and number, authorization number and dates of authorization for services. This document has proven to be an indispensable tool for the nurses in their case management activities.

Referral information is also tracked including number of referrals received, number of clients admitted to the Baby Care Program, current caseloads, reason clients not admitted and referral sources. This document is useful for monitoring and marketing purposes.

Quarterly case reviews are held where cases are presented by the nurses for input and suggestions from other community agency representatives who attend this meeting. These reviews are extremely helpful and have facilitated agency collaborations. Quarterly audits are preformed by the nursing supervisor to ensure high quality of care.

Finally, they may also be considered unique because the nurses have the necessary tools to perform their case management activities. A staff operated emergency food closet is located in their health department which allows nurses to provide food (on a short term basis) to hungry families while the nurses are linking them to other more permanent food sources, i.e. food stamps. Additionally, a small grant provides funding for a book and toy closet for children with developmental delays and needy children with no resources to buy toys and books of their own. They also have a clothes closet that is supplied by community donations of clothing for children and adults.

Chesapeake is considered the model Baby Care program for the state. Other professionals seek information and advice from them on how the program is administered. A waiting list of approximately 50-60 clients indicates their clients and referral sources are pleased with the case management services and support the need for this program in the community.

For Additional Information

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